

National Nurses United for Patient Protection

888 16th Street

Suite 640

Washington

DC

20006

FEC ID No. C00490375

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER

C C00490375

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

North Wood Advertising

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Amount

13768.35

Mailing Address  
1201 Fifteen Building  
15 South FifthCity State Zip Code  
Minneapolis MN 55402Purpose of Expenditure  
Radio production &  
time buyCategory/  
TypeOffice Sought: ☒ House State: PA  
☐ Senate District: 08  
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:  
Patrick MurphyDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 125727.35

Transaction ID: D347163

Full Name (Last, First, Middle, Initial) of Payee  
North Wood Advertising

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Amount

2134.47

Mailing Address  
1201 Fifteen Building  
15 South FifthCity State Zip Code  
Minneapolis MN 55402Purpose of Expenditure  
Radio production &  
time buyCategory/  
TypeOffice Sought: ☒ House State: HI  
☐ Senate District: 01  
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:  
Colleen HanabusaDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 2134.47

Transaction ID: D347164

(a) SUBTOTAL of Itemized Independent Expenditures .....

15902.82

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Lighty

Signature

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0

## 24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER

C C00490375

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

North Wood Advertising

Date

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0Mailing Address  
1201 Fifteen Building  
15 South Fifth

Amount

7059.25

City State Zip Code  
Minneapolis MN 55402Office Sought: ☒ House State: CA  
☐ Senate District: 03  
☐ PresidentialPurpose of Expenditure  
Radio production &  
time buyCategory/  
TypeName of Federal Candidate supported or Opposed by expenditure:  
Ami BeraCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought

7059.25

Transaction ID: D347165

(a) SUBTOTAL of Itemized Independent Expenditures .....

7059.25

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

22962.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael Lighty

Signature

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 1 0